

Climbing Wall Waiver Form

2014

Participant's Last Name: _____, **First Name:** _____

(This form needs to be filled out by anyone who wishes to climb the Longmont Recreation Center Climbing Wall. Waivers stay on file for one year.)

ACKNOWLEDGMENT OF RISKS TO MYSELF AND MY MINOR CHILD/WARD WHEN PARTICIPATING IN THE CLIMBING WALL PROGRAM SPONSORED BY CITY OF LONGMONT, COLORADO

I understand that there are certain risks involved in participating in the City of Longmont program, including the risk of physical injury. I hereby RECOGNIZE, ACHNOWLEDGE AND ACCEPT on behalf of my child/ward such risks. I furthermore AGREE that it is acceptable to me and my child/ward that my child/ward participates in this program although such risks, including the risk of physical injury exist. I RECOGNIZE AND AGREE that the City of Longmont may not be able to prevent injury to my child/ward and further RECOGNIZE AND AGREE that the City of Longmont cannot guarantee that not injury will occur to my child/ward.

Participant's Full Name (Please Print): _____

Participant's Date of Birth: ____ / ____ / ____

Participant's Age: _____

Participant's Signature: _____

Parent/Guardian's Signature if participant is less than 18 years of age:

Today's Date: ____ / ____ / ____

Emergency Contact:

Name: _____

Phone #: _____

Longmont Recreation Center Staff Signature: _____

(This is necessary when a parent/guardian is signing the form.)